STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee LOUISIANA PSYLHOLOGICAL PAC POBOX BOOSS BATON LOUIL, LA 70898	2. Date of this Statement - 5 - 16 3. Estimated Membership 300 4. Amended Statement?	PAC \$/0 1/25
Check If: New Committee	YesNo	#196421
-	easurer, if any, and any other committee of c. Address 145 Roselt E. Le 37 ANTONINE ST	SUITE 306 E BWO, NEW OLSEWS, W 70124
6. Affiliated Organizations (Any organization, other than a political committee, which direct a. Name b. Address	tly or indirectly established, administers, o	r financially supports this committee.) c. Relationship to Committee
	oute deposited in one or more banks or saving	ngs and loan institutions or money market mutual CAMPAGE RECORD
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: Committee	a. Check one:Principal Cam	paign CommitteeSubsidiary 🦻
b. Name of Candidate		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report b. Daytime Telephone	20885ON (225)	505-1059
10. WE HEREBY CERTIFY that the information contained in this S and belief.	2016	and correct to the best of our knowledge, information $36-14$ at a systeme Telephone Number 335435
Signature of Committee Treasurer, if any		225) 9335435 aytime Telephone Number